

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4	7					
5	7					
6	2					
7	2					
8	2					
9						
10	2					
11	2					
12	2					
13	2					
14	2					
15	2					
16	2					
17	2					
18	2					
19	2					
20	2					
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26	3					
27	2					
28	2					
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	44					
TOTAL CLAIMS	49					

	CLAIMS		CLAIMS		CLAIMS	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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56						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						